PAYMENT

1999

00

Formerly C-8463

1.

Insurance Company Annual Return for SBT and Retaliatory Tax Issued under P.A. 228 of 1975, as amended. Filing is mandatory.

Coi	mpany Name		2.	Federal Employer ID N0. or TR No.	
Add	dress (No., Street)		3.	Insurer Type (Check one)	
City	, State, ZIP			▶	
Coi	ntact Person	Contact Person Phone No.	4.	State of Incorporation (2 letters)	
ΑD	JUSTED RECEIPTS				
5.	Enter the amount of your total company adjusted rec	ceipts for calendar year 1999		> 5	00
ΑP	PORTIONMENT				
7. 8.	Enter your Michigan gross direct premiums Enter your total gross direct premiums everywhere Michigan apportionment percentage. Divide line 6 by Apportioned Tax Base. Multiply line 5 by line 8	▶ 7 / line 7		<u> 100 </u>	% 00
DIS	SABILITY INSURANCE EXEMPTION				
	Enter your disability insurance premiums written in Nordit insurance or disability income, OR \$130,000,000. Enter total gross direct premiums from all lines of insurance carrier services everywhere	000, whichever is smaller ▶10		100	
13. 14. 15.	Subtract \$180,000,000. If less than zero, enter zero Exemption reduction. Multiply line 12 by 2	can't be less than zero)		14 15	00 00 00
CR	EDITS				
18. 19. 20. 21.	Enter amounts you paid from 1/1/98 to 12/31/98 to ea. Michigan Workers' Compensation Placement Faceb. Michigan Basic Property Insurance Association	ility		00 00 00 00 00 00 00 00	<u>00</u>
	Contributions to COMMUNITY FOUNDATIONS			<u>.</u>	
c. 24.	CREDIT . Enter the smaller of 50% of line 23a, \$5,00 Enter the code for the foundation you contributed to Subtract line 23b from line 22	here (see inst.) ▶ 23c		24	100
	Contributions to COLLEGES AND PUBLIC LIBRAR				امما
	CREDIT. Enter the smaller of 50% of line 25a, \$5,00 TAX. Subtract line 25b from line 24				00
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57 Write the amount you entered on page 2, line 53PAY THIS AMOUNT > 57

28. State of incorporation tax	State of incorporation Michigan	27. Enter the amount fro	om line 26				27_	
28. State of incorporation tax 29. Michigan single business tax (fromline 27) 29. Michigan single business tax (fromline 27) 29. Michigan single business tax (fromline 27) 30. Annual statement filing fee 31. Certificate of Authority renewal fee 31. Certificate of Authority renewal fee 31. Certificate of Deoposit 33. Certificate of Deoposit 33. Certificate of Deoposit 33. Certificate of Deoposit 33. Serificate of Deoposit 34. Certificate of Deoposit 35. Enter the total of other fees paid in your state of incorporation. Attach a detailed schedule of fees 36. Fire Marshall Tax 37. Second Injury Fund 38. Silicosias & Dust Disease Fund 39. Safety Education and Training Fund. 40. Enter the total of all other acessesments. Attach a detailed schedule of assessments. Attach a detailed schedule of assessments attach a detailed schedule of assessments (add lines 28 + 40) 41. Total taxes and assessments (add lines 28 + 40) 42. Retaliatory amount (subtract line 41 cot. B from col. A, not less than 0) 43. Amount due (add lines 27 and 42). Domestic insurers enter the amount from line 26 44. Total taxes and assessments (add lines 28 + 40) 45. Estimated tax payments 46. Estimated tax payments 47. WDSB Credit (include only if you are any lift you are any lif	28. State of incorporation tax 29. Michigan single business tax (from line 27) 29. Michigan single business tax (from line 27) 29. EES AND ASSESSMENTS 30. Annual statement filing fee 31. Certificate of Authority renewal fee 31. Certificate of Authority renewal fee 32. Certificate of Deposit 33. Certificate of Deposit 33. Certificate of Deposit 33. Certificate of Deposit 33. Certificate of Usualistic 34. Certificate of Valuation 35. Enter the total of other fees paid in your state of incorporation. Attach a detailed schedule of fees 36. Fire Marshalt Tax 37. Second Injury Fund 38. Silicosis & Dust Disease Fund 38. Silicosis & Dust Disease Fund 39. Safety Education and Training Fund 39. Safety Education and Training Fund 39. Safety Education and Training Fund 40. Enter the total of all other assessments, Attach a detailed schedule of assessments (add lines 28 + 40) 41. Total taxes and assessments (add lines 28 + 40) 42. Retaliatory amount (subtract line 41 tool. B from col. A; not less than 0). 43. Amount due (add lines 27 and 42). Domestic insurers enter the amount from line 26 44. Credit forward from 12/31/98 SBT return, line 56. 45. Estimated tax payments 46. Tax paid with request for extension, 47. WDSB Credit (include only if you have not received payment). 47. WDSB Credit (include only if you have not received payment). 48. Total Payments. Add lines 44 through 47. 49. Complete this line only if you have not received payment of tax made with your original return 49. Complete this line only if you have not received payment of tax made with your original return 49. Complete this line only if you have not received payment of tax made with your original return 49. Complete this line only if you are amending a return. 49. Complete this line only if you have not received payment of tax made with your original return 50. Cell the payments of the substract from line 48 any retund of tax you received with your original return 51. Underpaid estimate penalty and interest (see instructions) 52. Annual return penalty at							
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		Taxpayer's Signature	Date		Business Address and	Phone		